2015 KIDS CONNECTION REGISTRATION FORM

Linwood Recreation Center

Participant's Name:		Birth date:	Male Female
Address:		City:	Zip:
Mother/Guardian			
Name:	Phone: (H)	(W)	(Cell)
Father/Guardian			
Name:	Phone: (H)	(W)	(Cell)
Date(s) Enrolling Child: (check all the	at apply)		
☐ Feb 17 ☐ Mar 13 ☐ Mar	16	r 18 🗌 Mar 19 🔲 Mar 2	0
judgments, damages or injuries of every kind a activities for which the participant is registering understand the hazards and the participant's pe Liability Waiver, Release and Indemnity Agreer sustained as a result of any activity for which I signature of Responsible Adult/Guan	I further acknowledge that ersonal limitations and knowinent, and understand that I am registering a minor child.	I have familiarized myself with the ngly assume all risks. I acknowled	descriptions of the activities, dge I have read and understand this
For publicity purposes I give permiss		of people I am registering.	Initial
The Wichita Park & Recreation Department does Department if you need special accommodations Disabilities Act (ADA), a federal anti-discrimination basis of disability in services, programs, or activities	to participate in our programs. In statute designed to remove ba	providing services to the public, the	City must comply with the Americans with
Office Use Only:			
Date Registered: Amou	ınt Paid:	_	
How Paid: Cash Check V	isa MCard DC	F Vision Card	